

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025686

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6104

FILED JUN 21 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST LOUIS,

Length of stay in 1b.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY

c. CITY OR TOWN ST LOUIS,

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 4818 CARTER AVE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4818 CARTER

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

CATHERINE

Middle

B.

Last

BREEN

4. DATE OF DEATH

Month

Day

Year

JUNE 10, 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/16/1888 74

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST LOUIS MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

MICHAEL BREEN

13b. MOTHER'S MAIDEN NAME

BRIDGET O'MARA

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

THERESA BREEN 4818 CARTER AVE

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Atherosclerotic Heart Disease 2 1/2 years

DUE TO (b)

Conditions, if any, which gave rise to above cause last

lying cause last

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

August 1961 to 6/10/63

and last saw her alive on 5/9/63

Death occurred at

4:45 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Joseph W. Hinegar

22b. ADDRESS

634 N Grand Blvd 6/10/63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6/13/63

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

ST LOUIS MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

STROOT - CARROLL 4600 NATURAL BRIDGE JUN 10 1963

Paul Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

*1. Time on  
Molshauer Bldg  
Jan 1-5 and  
Dr. assistant  
till 3*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed M W Ruter

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.